

Colorado East Bahá'í School SPONSORSHIP AGREEMENT 2022

Each child or youth under age 18 attending **Colorado East Bahá'í School** without a parent or legal guardian must be accompanied by a sponsor age 21 or older, responsible for the child's conduct and well-being, as a loving parent.

I, _____
(Print Sponsor's Full Name)

agree to be responsible for the behavior and well-being of the following children:

Child #1 (print full name) _____

Child #2 (print full name) _____

Child #3 (print full name) _____

in conformity with the standards of conduct of the Bahá'í Faith and the established rules of the Bahá'í School and the Facility Management during the time the above named minor(s) is(are) in attendance at the

Colorado East Bahá'í Summer School from September 2 - 5, 2022

Signature of Sponsor: _____

I (we), _____ parent(s)

of _____

hereby indicate my (our) understanding and approval of the above sponsorship

and give the sponsor, _____

authority to execute the School's Waiver of Liability on my(our) behalf.

I (we) understand and agree that my (our) child(ren)'s personal information, including name, address, phone number, date of birth, grade level, special needs (medical and learning-related), may be entered into a registration form, which may be maintained in an electronic version, and the National Spiritual Assembly of the Baha'is of the United States and its Baha'i School Committees will not sell this information to anyone or share it with anyone except when required by law.

Parent: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

Waiver of Liability for Colorado East Bahá'í Summer School 2022

Completion and return of waiver is required before participation in event.

Event Location: La Foret Conference & Retreat Center; 6145 Shoup Rd; CS, CO 80908
Dates: Sept. 2 - 5, 2022

Sponsored by: Colorado East Bahá'í School Committee (an agency of the National Spiritual Assembly of the Bahá'ís of the United States)

Adult (Parent/Guardian) Names:

List All Minor Children (age 17 & under) and any Allergy or Medical Concerns:

CHILD #1: _____

CHILD #2 _____

CHILD #3 _____

Please Read this Waiver before Signing:

I understand that during participation in this event one may be exposed to physically and psychologically stressful and challenging situations, including but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness.

If a minor attending with a sponsor, the parent/guardian has advised sponsor of any special needs of the participant or activities from which the participant should be restricted.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility.

I hereby assume all risks and dangers and will hold harmless the National Spiritual Assembly of the Bahá'ís of the United States, the Bahá'í School Committee, all local Spiritual Assemblies, their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with participating activities, except in cases of gross negligence.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in this event.

Medical Insurance Company: _____ **Policy #** _____

Insurance Company Phone: _____

SIGN FOR ASSUMPTION OF RISK, GENERAL RELEASE, AND WAIVER OF CLAIMS:

Parent or Guardian #1 Signature

Date

Parent or Guardian #2 Signature

Date

Colorado East Baha'i School

An agency of the National Spiritual Assembly of the Bahá'is of the United States

Medical Release for Minors (under age 18)

I, the undersigned parent or guardian of:

Child 1:

Child 2:

Child 3:

Child 4:

...who are all minors, do hereby authorize **Colorado East Bahá'í School**, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables Colorado East Bahá'í School to arrange medical care for my dependant minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from 9/2/2022 – 9/5/2022 only while my child is attending the **Colorado East Bahá'í School**.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name, Relationship & Phone: _____

Additional Emergency Contact: _____

Family Physician Name and Telephone: _____

Medical Insurance Company & Policy #: _____

For each child, please list any known Allergies, Disabilities, Limiting Health Conditions, or Active Medications:

Child's Name **Medical Information**

Covid-19 Participation Agreement

For attendance at overnight gatherings (camps, intensives, etc)

In light of the Covid-19 pandemic and the importance of keeping our family, friends and neighborhood safe, the overnight gatherings will be moving forward in adherence with local state and county health department guidelines. We are asking all participants and their parents to sign the following agreement before participating in any overnight gatherings such as intensives or camps.

I have reviewed the list of symptoms below and I am not experiencing these symptoms. I'm also not aware of being exposed to anyone that has exhibited these symptoms or tested positive for Covid-19 within the last 5 days.

- Fever, chills, cough, shortness of breath, fatigue, muscle aches, headache, loss of taste or smell, sore throat, nasal congestion or rhinorrhea, vomiting or diarrhea, and skin rashes

Participant Signature

Date

I will follow all safety protocols as instructed by camp facilitators to the best of my ability during my stay. I understand that if I exhibit symptoms and/or test positive for Covid-19 I may be asked to isolate and transportation home, either by parent or guardian, will need to be arranged. As a parent I understand that I may need to work with camp facilitators to coordinate transportation.

Participant Signature

Parent Signature (if minor)

Date

My child and I understand that, whether or not we are personally vaccinated, that my child will be attending an overnight gathering with both vaccinated and unvaccinated participants and this may increase the risk of contracting Covid-19. With this understanding my child wishes to attend the overnight gathering and we accept this level of risk by signing below.

Participant Signature

Parent Signature (if minor)

Date

As a parent, I have read all of the above, I understand how the overnight gathering will be carried out, and I give my permission for my child to participate.

Parent Signature (if minor)

Date